CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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Lopez	Andy			
. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Department of Oil and Gas and Ge	othermal Resources			
Division, Board, Department, District, if applica	able	Your Position		
Department of Conservation		Associate Oil and Gas E	Engineer	
► If filing for multiple positions, list below or o	on an attachment. (Do not use	acronyms)		
Agency:		Position:		
. Jurisdiction of Office (Check at leas	st one box)			
		☐ Judge or Court Commissioner	(Statewide Jurisdiction)	
Multi-County		County of		
City of		Other		
. Type of Statement (Check at least of	ne box)			
★ Annual: The period covered is January	1, 2018, through	Leaving Office: Date Left _		
December 31, 2018or-		,	one circle.)	
The period covered is/_ December 31, 2018.	, through	 The period covered is Jar -or- leaving office. 	nuary 1, 2018, through the date of	
Assuming Office: Date assumed		The period covered is the date of leaving office.	, through	
Candidate: Date of Election	and office sought,	if different than Part 1:		
Schedule Summary (must comp Schedules attached Schedule A-1 - Investments - schedu Schedule A-2 - Investments - schedu Schedule B - Real Property - schedu	ule attached [] ule attached [] ule attached []	of pages including this cover Schedule C - Income, Loans, & Busi Schedule D - Income - Gifts - schedule E - Income - Gifts - Trave	ness Positions – schedule attached dule attached	
. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY cument)	STATE	ZIP CODE	
4800 Stockdale Highway, Suite	Bakersfield	d CA	93309	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(661) 326-6035		andy.lopez@conservation.ca.gov		
I have used all reasonable diligence in prepari herein and in any attached schedules is true			y knowledge the information contained	
I certify under penalty of perjury under the	e laws of the State of Californ	ia that the foregoing is true and cor	rect.	
Data Signed 2/28/19	C:	anatura / hale dans	/	
Date Signed		gnature(Fije the originally signed pap	er statement with your filing official.)	